Richfield Springs Central School District Mentoring Plan

Rationale:
The rationale of the Richfield Springs Central School District Mentoring Program is to enhance the teaching/learning environment in the classroom by assisting new teachers in effective daily instruction. The novice teacher requires guidance to provide the optimal learning environment and experiences for students. Mentoring fosters the professional development of teachers at all levels while improving teacher effectiveness and daily instruction. The mentoring program is not evaluative.

Mentor Selection Process:
Tenured teachers interested in being mentors will fill out an application and submit it to the building principal.

The building principal and Union President will recommend the mentor teacher to the Superintendent for final approval.

Criteria for Selection:
Permanent or Professional certification
Tenured preferred
Five years teaching experience preferred
Mastery of subject matter considered
Superior teaching abilities
Respected by peers
Good communication/interpersonal skills
Pedagogical skills (methods of teaching)
Available for new teacher orientation and all required training
Willingness to attend mentor training/meetings
Willingness to make a one-year commitment to the program

The Role of the Mentor:
The role of the mentor will not be construed as limiting or supplanting the authority of the district administration to evaluate the performance of the mentor or new teacher. The mentor will not be involved in the formal evaluation. Upon request, the mentor can be present for pre or post conference of the new teacher.

A mentor/mentee log will be kept in My Learning Plan to indicate contact times, mentoring activities, and to document the process. The information obtained by the mentor throughout his/her interaction with the mentee is confidential and shall not be made available to District Administrators or other school employees.

No Fault Clause—If at any time the relationship between the mentor and mentee is not working, either person may notify the Union President and/or Administration. A new mentor may be appointed if the concern cannot be resolved.
Duties, Responsibilities and Sample Activities of Mentors:

- By the end of the first month, assist the mentee in completing a needs assessment and identifying goals and training activities.
- Model teaching techniques while coaching the mentee’s application of those strategies.
- Visit the mentee’s classroom to observe teaching and classroom management skills, and to become familiar with students.
- Reciprocate by opening the mentor’s classroom to the mentee.
- Provide guidance in identifying professional growth activities.
- Facilitate positive networking opportunities by linking mentees with other successful teachers, which may include classroom visits.
- Attend professional development activities with the mentee.
- Help the mentee become familiar with the community and with school and BOCES procedures, policies, and programs.
- Schedule and plan release time
- Pre/post conference with mentee
- Curriculum planning with mentee
- Peer coaching
- Keep a log of meeting times through My Learning Plan.
- Fill out end of the program feedback form [www.richfieldcsd.org/mentorprogram](http://www.richfieldcsd.org/mentorprogram)

Mentor Training:
Will be offered during New Teacher Orientation in the summer and will also be addressed through an informational video produced by the District and Union.

The Role of the Mentee:
The primary role of the mentee is to seek support and guidance through their mentor and the district’s mentoring program activities.

Duties and Responsibilities of Mentee:

- Participate in mentor program activities.
- At the onset of the program, complete a needs assessment and identify goals.
- Visit the mentor’s classroom to observe teaching and classroom management skills. Reciprocate by opening your (mentee’s) classroom to the mentor.
- Collaborate with Technology Integration Specialist.
- Collaborate in positive networking opportunities.
- Attend professional development/growth activities with the mentor.
- Become familiar with the community and with school and BOCES procedures, policies, and programs.
- Keep a log of meeting times through My Learning Plan.
- Fill out end of the program feedback form [www.richfieldcsd.org/mentorprogram](http://www.richfieldcsd.org/mentorprogram)
**Expectations of District:**
- Suggest activities for the mentors and mentees
- Assist in the granting of release time
- Assist in providing quality professional development for the mentees
- Determine whether the mentee needs one-on-one mentoring for the second year

**Time Allotted:**
- The mentor and mentee will meet a minimum of one hour each quarter outside of the regularly scheduled school day.
- Two summer work days (to be paid as per RSFA contract RE: Summer work)

**Release Time:**
- For the first year of the mentoring program, mentors and mentees will have 4 full days of release time to be used as needed
- More release time may be available upon request
- Common planning time when available

**Remuneration:**
Mentors will be paid a yearly stipend of $500.

**Confidentiality:**
Confidentiality shall be upheld unless there is a safety issue for the teacher and/or students. A Mentor or Mentee shall only discuss concerns or needs in regard to the Mentor/Mentee relationship with the Union President or his/her designee. The Union President will discuss concerns or needs only with the building principal.

**Program Evaluation:**
The PDP Mentoring Committee will assess the extent to which the program has benefitted both mentor and mentee by meeting at the end of the school year to discuss the results of a feedback form filled out by mentees and mentors.
Mentor Teacher/New Teacher Information Form

New Teacher

Name__________________________________________________________
Address _______________________________ Phone ________________
____________________________________________________________
Certification Area(s)__________________________________________
Email address________________________________________________

Your signature below indicates that you have both received and read the Mentor Program Handbook. It also indicates your willingness to participate in the program.

Signature __________________________________________ Date __________

Mentor Teacher

Name__________________________________________________________
Address _______________________________ Phone ________________
____________________________________________________________
Certification Area(s)__________________________________________
Email address________________________________________________

Your signature below indicates that you have both received and read the Mentor Program Handbook. It also indicates your willingness to participate in the program.

Signature __________________________________________ Date __________
Mentor Teacher Program Log Sheet

Mentor Teacher Name

Mentee Name

Date of Meeting

How much release time (instructional hours) did you use today?

Process Used

_____ Meeting
_____ Classroom Visit
_____ Professional Development
_____ Other—please specify

TOPICS DISCUSSED

Mentee Issues/Concerns


Mentor Observations/Recommendations


I need more information on:


Next planned meeting date:
# Mentor Visit of New Teacher

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<thead>
<tr>
<th>Mentor</th>
<th>Class</th>
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<tr>
<th>Mentee</th>
<th>Date</th>
<th>Time</th>
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## Intended Student Learning:

The intended student learning was / was not evident to me.

The intended student learning was / was not evident to the students.

Description of intended student learning

__________________________________________________________________________________

How was it conveyed?

__________________________________________________________________________________

## Lesson Activity:

Class began with

__________________________________________________________________________________

Description of activities

__________________________________________________________________________________

__________________________________________________________________________________

The students’ responses were

__________________________________________________________________________________

__________________________________________________________________________________

Closure activity

__________________________________________________________________________________
### Management Techniques:

Classroom procedures were / were not evident to me.

Classroom procedures were / were not evident to the students.

Procedures in place ____________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Student behavior ________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

### Flow of Lesson:

Watch for the following lesson elements

- Learning Goal was posted and discussed  YES  NO __________________________

- Gradual Release  YES  NO ______________________________

- Checking for Understanding  YES  NO ______________________________

- Little or no “down” time; Students are engaged  YES  NO ______________________________

- Higher Order Questioning/Tasks  YES  NO ______________________________
Observer’s Reaction:

I really liked ____________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

I saw a different approach to _____________________________________________
_______________________________________________________________________
_______________________________________________________________________

A question I have is _____________________________________________________
_______________________________________________________________________
_______________________________________________________________________

I might suggest _________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Date of Follow-Up Conference: __________________________________________
New Teacher Visit of Mentor/Other Teacher

Mentee __________________________________  Class __________________________________
Teacher visited ___________________   Date _______________  Time _______________

**Intended Student Learning:**
Description of intended student learning ____________________________________________
__________________________________________________________________________________
How was it conveyed? ________________________________________________________________
How will you use the same concept in your classes?_____________________________________  
___________________________________________________________________________________

**Lesson Activity:**
Class began with ____________________________________________________________________
___________________________________________________________________________________
Description of activities ________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
The students’ responses were ___________________________________________________________  
___________________________________________________________________________________
Closure activity ________________________________________________________________
**Management Techniques:**

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<thead>
<tr>
<th>Procedures in place</th>
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<thead>
<tr>
<th>Student behavior</th>
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<table>
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<tr>
<th>Which procedures will you use in your classes?</th>
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**Flow of Lesson:**

Watch for the following lesson elements

- Learning Goal is posted and discussed
- Gradual Release
- Checking for Understanding
- Little or no “down” time; Students are engaged
- Higher Order Questioning/Tasks

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<thead>
<tr>
<th>What will you incorporate into your own lessons?</th>
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</table>
Observer’s Reaction:

I really liked ____________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

I saw a different approach to _______________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

A question I have is ______________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

I might use _____________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

Date of Follow-Up Conference:
________________________________
Post Classroom Visit Discussion Topics for the Mentor

After the Classroom Visit:

- Focus on the positive
- Describe; do not judge
- Explore alternatives rather than tell them what to do
- Listen more than you talk
- Help prioritize what needs to be done immediately
- Don’t say it all at once
- Remember the purpose is encouragement, not evaluation
- Remember that confidentiality is critical for building trust

Reflective Questions:

Can you talk more about that?
Why do you think that happened?
What evidence do you have about that?
What do you need?
What have you tried before?
Why did/didn’t that work?
What does this remind you of?
How else could you approach that?
What if it happened this way?
What do you want to happen?
How could you do that?
What is your biggest concern?
How can I be most helpful?
New Teacher Goal Setting Form

<table>
<thead>
<tr>
<th>Goal (What do you want to achieve?)</th>
<th>Actions (How will you accomplish the goal?)</th>
<th>Targeted Completion Date (When do you anticipate your goal will be met?)</th>
<th>Evidence of Goal Attainment (How will you know your goal has been met? How will you know whether or not it has impacted instruction and student achievement?)</th>
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</thead>
<tbody>
<tr>
<td>Goal 1:</td>
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<td>Goal 2:</td>
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<tr>
<td>Goal 3:</td>
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</tbody>
</table>
## New Teacher Mentor Program Discussion Topics

<table>
<thead>
<tr>
<th>Before School Begins</th>
<th>Beginning of School Year</th>
<th>Ongoing</th>
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</thead>
<tbody>
<tr>
<td>☐ Tour</td>
<td>☐ District Mission</td>
<td>☐ Instructional Strategies</td>
</tr>
<tr>
<td>☐ Introductions</td>
<td>☐ NYS Learning Standards</td>
<td>☐ Gradual Release</td>
</tr>
<tr>
<td>☐ Opening of the YearProcedures</td>
<td>☐ Assessments</td>
<td>☐ Higher Order Thinking Skills</td>
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<tr>
<td>☐ Professional Dress Code</td>
<td>☐ F&amp;P (K-3)</td>
<td>☐ Checking for Understanding</td>
</tr>
<tr>
<td>☐ Employee Handbook</td>
<td>☐ Castle Learning (7-12)</td>
<td>☐ Learning Goals</td>
</tr>
<tr>
<td>☐ Parent/Student Handbook</td>
<td>☐ STAR (3-12)</td>
<td>☐ SAMR</td>
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<tr>
<td>☐ Teacher Contract</td>
<td>☐ NWEA</td>
<td>☐ Differentiation</td>
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<tr>
<td>☐ RSFA</td>
<td>☐ Regents Exams (9-12)</td>
<td>☐ Flipped Classroom</td>
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<td>☐ School Culture</td>
<td>☐ Benchmarks</td>
<td></td>
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<td>☐ Schedules</td>
<td>☐ NYS Tests (3-8)</td>
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<tr>
<td>☐ Copying Procedures</td>
<td>☐ Curriculum Maps</td>
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<td>☐ Schooltool</td>
<td>☐ Subfolders &amp; Plans</td>
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<td>☐ Class Lists</td>
<td>☐ Announcements</td>
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<td>☐ Attendance</td>
<td>☐ Parent Communications</td>
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<td>☐ Grades</td>
<td>☐ Homework Expectations</td>
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<td>☐ Report Cards</td>
<td>☐ Calendars</td>
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<tr>
<td>☐ Discipline</td>
<td>☐ Website</td>
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<tr>
<td>☐ Student Records</td>
<td>☐ Hallway Policies, Passes,Agendas, etc.</td>
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<tr>
<td>☐ (medical, custody,RTI, etc.)</td>
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<tr>
<td>☐ Obtaining a Substitute</td>
<td>☐ Procedures for takingstudents outdoors</td>
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<td>☐ Cleartrack (special ed)</td>
<td>☐ Lunch (students &amp; staff)</td>
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<td>☐ Email</td>
<td>☐ Discipline Procedures</td>
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<td>☐ Contacts</td>
<td>☐ Emergency Drills &amp; SafetyPlans</td>
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<td>☐ Groups</td>
<td>☐ Non-instructional Duties</td>
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<td>☐ District Mail (mailboxes)</td>
<td>☐ BOCES Media Library</td>
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<td>☐ Telephone</td>
<td>☐ Technology Needs</td>
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<tr>
<td>☐ Extension</td>
<td>☐ RTI, AIS, IEPs, 504s</td>
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<td>☐ Voicemail</td>
<td>☐ APPR - OASYS</td>
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<td>☐ Swipe Card/Keys</td>
<td>☐ CTLE Certification</td>
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<td>☐ After Hours</td>
<td>☐ Requirements</td>
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<td>☐ Lesson Planning</td>
<td>☐ Professional Development - My Learning Plan</td>
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<td>☐ PBIS - “The Indian Way”</td>
<td>☐ CPI</td>
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<td>☐ Textbook Materials &amp; Online Resources</td>
<td>☐ Open House</td>
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<td>☐ ☐ IXL</td>
<td>☐ Parent-teacher Conferences</td>
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<td>☐ ☐ myOn</td>
<td>☐ Administrative Observations</td>
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<td>☐ Superintendent’s Conference Days</td>
<td>☐ Mentor Program Goals</td>
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<td>☐ Chain of Command</td>
<td>☐ Mentor Program Visits</td>
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<td>☐ Child Abuse Reporting</td>
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<td>☐ School Hours</td>
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<td>☐ Morning/ Dismissal Procedures</td>
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<td>☐ Social Media</td>
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- Instructional Strategies
- Gradual Release
- Higher Order Thinking Skills
- Checking for Understanding
- Learning Goals
- SAMR
- Differentiation
- Flipped Classroom
- Dress Code (students)
- Forms & Documents
- Progress Reports/Report Cards
- Budgeting (Finance Manager)
- Maintenance Requests (Que Centre)
- Technology Requests (tech@richfieldcsd.org)
- Building Use/Transportation Use
- Field Trips
- Parties & Holidays
- Building/District Social Events
- Building Policies, Procedures, and Issues
- Copyright
- Leave of Absense
- Bereavement Leave
- Custodial Issues
- Alternative Instruction
- Student Retention
- Emergency School Closings
- Classroom Management
- Confidentiality
- Building Rapport with Students, Colleagues, and Administration
- End of Year Procedures
Superintendent Verification of Mentored Experience

Instructions

This form is only to be used for candidates who are submitting an application for a PROFESSIONAL teaching certificate. It is to be completed by the superintendent of schools or, if the mentored experience was completed while the candidate was employed by a non-public school, the principal or person in equivalent position with the school.

The candidate named below is seeking Professional certification. Candidates for Professional certification are required, in accordance with Part 80-3.4 of Commissioner's Regulations, to complete a mentored teaching experience in their first year of teaching with a New York State Initial classroom teaching certificate. Please complete the shaded areas verifying that the candidate received a mentored experience in his/her first year teaching while employed by the district/BOCES/nonpublic school or was exempted from this requirement.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Middle Initial</th>
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Maiden Name (if applicable) | Date of Birth | Social Security Number
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Certificate Title Employed Under

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<td><em>(Check and Complete one of the shaded boxes only and the Attestation)</em></td>
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☐ The candidate named above served as a classroom teacher and received mentoring in fulfillment of teacher certification requirements (CR Part 80-3.4) for the Professional teaching certificate during the _________ school year. Such mentoring was in accordance with CR Part 100.2 (dd) (iv).

☐ The candidate named above was determined to have met conditions for a waiver to the requirement for completion of the mentored experience in accordance with CR Part 80-3.4. The candidate had at least 2 years of teaching experience at ______________________school/school district prior to being employed in this school district under an Initial certificate.

Attestation of Chief School Officer

I confirm that the above information is correct and documentation to support this information is retained at the district for examination by the Commissioner of Education or his/her representative.

Signature of Superintendent/Nonpublic Chief School Officer | Date
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Print Name ___________________________ Superintendent's/Nonpublic Chief School Officer's Phone # ___________________________

Superintendent's/Nonpublic Chief School Officer's E-mail ___________________________

District/Nonpublic School Name ___________________________

District/Nonpublic School Address ___________________________

Agency/Nonpublic School Code (if applicable) ___________________________

Please Return Completed Form to: NYSED Office of Teaching Initiatives, 89 Washington Ave EB RM 5N, Albany, NY 12234

Superintendent Verification of Mentored Experience, January 2007